UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): October 8, 2013

PHARMATHENE, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-32587**	**20-2726770**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

One Park Place, Suite 450, Annapolis, Maryland	**21401**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number including area code: (410) 269-2600

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

x Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 8.01. Other Events.

On October 8, 2013, Clifford J. Stocks, Chief Executive Officer of Theraclone Sciences, Inc. ("Theraclone"), is presenting at the Bio Investor Forum in San Francisco, CA. A copy of the presentation is filed as Exhibit 99.1 to this report and is incorporated by reference in this Item 8.01.

On July 31, 2013, PharmAthene, Inc. ("PharmAthene") entered into an Agreement and Plan of Merger (the "Merger Agreement") with Theraclone, Taurus Merger Sub, Inc., a wholly owned subsidiary of PharmAthene ("Merger Sub"), and Steven Gillis, Ph.D., as Securityholders' Representative, providing for the merger of Merger Sub with and into Theraclone, with Theraclone surviving the merger as an indirect wholly owned subsidiary of PharmAthene and pursuant to which PharmAthene would issue shares of common stock to Theraclone stockholders.

The material terms of the Merger Agreement, including the terms of the proposed Merger, have been described in a Form 8-K filed by PharmAthene with the U.S. Securities and Exchange Commission (the "SEC") on August 1, 2013 and in a registration statement on Form S-4 (subject to amendment) filed by PharmAthene with the SEC on September 9, 2013.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

No.	Description
99.1	Theraclone Sciences, Inc. Presentation, dated October 8, 2013

Important Information about the Proposed Merger with Theraclone Sciences, Inc.

This communication is being made in respect of the proposed merger involving Theraclone and PharmAthene. On August 1, 2013, PharmAthene filed with the SEC a current report on Form 8-K, which includes the merger agreement and related documents. On September 9, 2013, PharmAthene filed a registration statement on Form S-4 with the SEC, which contains a preliminary proxy statement/prospectus/consent solicitation and other relevant materials, and plans to file with the SEC other documents regarding the proposed transaction. The final proxy statement/prospectus/consent solicitation will be sent to the stockholders of PharmAthene and Theraclone in connection with the stockholder votes on matters relating to the proposed transaction. The proxy statement/prospectus/consent solicitation contains information about PharmAthene, Theraclone, the proposed transaction, and related matters. STOCKHOLDERS ARE URGED TO READ THE PROXY STATEMENT/PROSPECTUS/CONSENT SOLICITATION (INCLUDING ANY AMENDMENTS OR SUPPLEMENTS THERETO) AND OTHER DOCUMENTS FILED WITH THE SEC CAREFULLY IN THEIR ENTIRETY AS THEY BECOME AVAILABLE, BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION THAT STOCKHOLDERS SHOULD CONSIDER BEFORE MAKING A DECISION ABOUT THE MERGER AND RELATED MATTERS. In addition to receiving the proxy statement/prospectus/consent solicitation and proxy card by mail, stockholders will also be able to obtain the proxy statement/prospectus/consent solicitation, as well as other filings containing information about PharmAthene, without charge, from the SEC's website (http://www.sec.gov) or, without charge, by contacting Stacey Jurchison at PharmAthene at (410) 269-2610.

No Offer or Solicitation

This communication is not intended to and does not constitute an offer to sell or the solicitation of an offer to subscribe for or buy or an invitation to purchase or subscribe for any securities or the solicitation of any vote or approval in any jurisdiction in connection with the merger or otherwise, nor shall there be any sale, issuance or transfer of securities in any jurisdiction in contravention of applicable law. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended.

Participants in Solicitation

PharmAthene and its executive officers and directors may be deemed to be participants in the solicitation of proxies from PharmAthene's stockholders with respect to the matters relating to the proposed merger. Theraclone may also be deemed a participant in such solicitation. Information regarding PharmAthene's executive officers and directors is available in Amendment No. 1 to PharmAthene's proxy statement on Schedule 14A, filed with the SEC on May 9, 2013. Information regarding such executive officers and directors and regarding any interest that PharmAthene, Theraclone or any of the executive officers or directors of PharmAthene or Theraclone may have in the transaction will be set forth in the final proxy statement/prospectus/consent solicitation that PharmAthene will file with the SEC in connection with its stockholder vote on matters relating to the proposed transaction. Stockholders will be able to obtain this information by reading the final proxy statement/prospectus/consent solicitation when it becomes available.

Forward-Looking Statement Disclaimer

Except for the historical information presented herein, matters discussed may constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 that are subject to certain risks and uncertainties that could cause actual results to differ materially from any future results, performance or achievements expressed or implied by such statements. Statements that are not historical facts, including statements preceded by, followed by, or that include the words "will"; "potential"; "believe"; "anticipate"; "intend"; "plan"; "expect"; "estimate"; "could"; "may"; "should"; or similar statements are forward-looking statements. Such statements include, but are not limited to those referring to the potential for the generation of value, ability to leverage funding sources, potential for revenue, and potential for growth. PharmAthene disclaims any intent or obligation to update these forward-looking statements. Risks and uncertainties include, among others, failure to obtain necessary shareholder approval for the proposed merger with Theraclone and the matters related thereto; failure of either party to meet the conditions to closing of the transaction; delays in completing the transaction and the risk that the transaction may not be completed at all; failure to realize the anticipated benefits from the transaction or delay in realization thereof; the businesses of PharmAthene and Theraclone may not be combined successfully, or such combination may take longer, be more difficult, time-consuming or costly to accomplish than expected; operating costs and business disruption during the pendency of and following the transaction, including adverse effects on employee retention and on business relationships with third parties; the combined company's need for and ability to obtain additional financing; risk associated with the reliability of the results of the studies relating to human safety and possible adverse effects resulting from the administration of the combined company's product candidates; unexpected funding delays and/or reductions or elimination of U.S. government funding for one or more of the combined company's development programs; the award of government contracts to competitors; unforeseen safety issues; unexpected determinations that these product candidates prove not to be effective and/or capable of being marketed as products; as well as risks detailed from time to time in PharmAthene's Form 10-K and quarterly reports on Form 10-Q under the caption "Risk Factors" and in its other reports filed with the SEC. In particular, there is significant uncertainty regarding the level and timing of sales of Arestvyr™ and when and whether it will be approved by the U.S. FDA and corresponding health agencies around the world. PharmAthene cannot predict with certainty if or when SIGA will begin recognizing profit on the sale thereof and there can be no assurance that any profits received by SIGA will be significant. In its May 2013 decision, the Delaware Supreme Court reversed the remedy ordered by the Court of Chancery and remanded the issue of a remedy back to the trial court for reconsideration in light of the Supreme Court's opinion. As a result, there can be no assurance that the Chancery Court will issue a remedy that provides PharmAthene with a financial interest in Arestvyr™ and related products or any remedy. In addition, significant additional research work, non-clinical animal studies, clinical trials, and manufacturing development work remain to be done with respect to all of our product candidates. At this point there can be no assurance that any of these product candidates will be shown to be safe and effective and approved by regulatory authorities for use in humans. Copies of PharmAthene's public disclosure filings are available from its investor relations department and its website under the investor relations tab at http://www.pharmathene.com.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PHARMATHENE, INC.

By: /s/ Eric I. Richman
Eric I. Richman
President and Chief Executive Officer

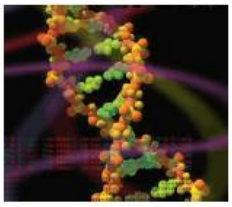
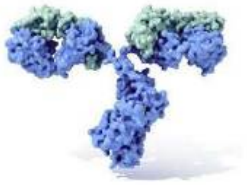
Dated: October 8, 2013

Turning the Human Repertoire's Most Potent Antibodies into Superior Therapeutics

THERACLONE SCIENCES

Bio Investor Forum
San Francisco
October 8, 2013

Clifford J. Stocks
Chief Executive Officer

Theraclone / PharmAthene

Theraclone Sciences, Inc., a monoclonal antibody discovery and development company , and PharmAthene, Inc., (NYSE MKT: PIP) a leading biodefense company, announced an intention to merge to form a commercially-focused biologics company with extensive vaccines and therapeutics expertise

Safe Harbor Statement

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Important Additional Information About the Merger

This communication is being made in respect of the proposed merger involving Theraclone Sciences, Inc. ("Theraclone") and PharmAthene. On August 1, 2013, PharmAthene filed with the SEC a current report on Form 8-K, which includes the merger agreement and related documents. PharmAthene filed a registration statement on Form S-4 with the SEC, which contains a preliminary proxy statement / prospectus / consent solicitation and other relevant materials, and plans to file with the SEC other documents regarding the proposed transaction. The final proxy statement/prospectus /consent solicitation will be sent to the stockholders of PharmAthene and Theraclone in connection with the stockholder votes on matters relating to the proposed transaction. The proxy statement/prospectus/consent solicitation contains information about PharmAthene, Theraclone, the proposed transaction, and related matters.

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Additional Important Information About the Merger

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Combined Company – Investment Opportunity

- Premier biologics company with vaccine and antibody expertise and a focus on infectious diseases and oncology
- Four clinical programs and multiple partnered preclinical programs addressing high-value markets
- Robust discovery engine with validated mAb platform technology providing significant collaboration opportunities
- Significant revenue potential from SIGA smallpox antiviral, Arestvyr™
- Experienced management team and board of directors with track record of success and value creation
- Compelling transaction with complementary capabilities to realize synergies and accelerate value

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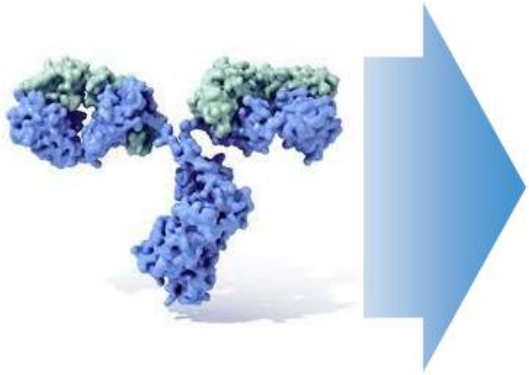
Flu Antibody: TCN-032

TCN-032 Human Monoclonal Antibody



Product Profile

- IgG mAb that binds to a novel, highly-conserved universal epitope
  - Influenza A (H1N1; H5N1; H7N9)
- Annually, 200,000 U.S. patients are hospitalized; 36,000 die from serious influenza infections*
- Government stockpile market offers significant upside potential
- Phase 1 completed; favorable safety and pharmacokinetic profile
- Phase 2a viral challenge study completed; data presented at ISIRV conference

~$600MM Estimated Annual Peak Commercial and Government Sales**
Competitive Advantage: MOA; Universality; Therapeutic Window; No Resistance

** 2003 study by Centers for Disease Control published in the Journal of the American Medical Association*
*** Based on market research conducted by Defined Health and Roche sales data for Tamiflu® from 2009 –Q1 2013*

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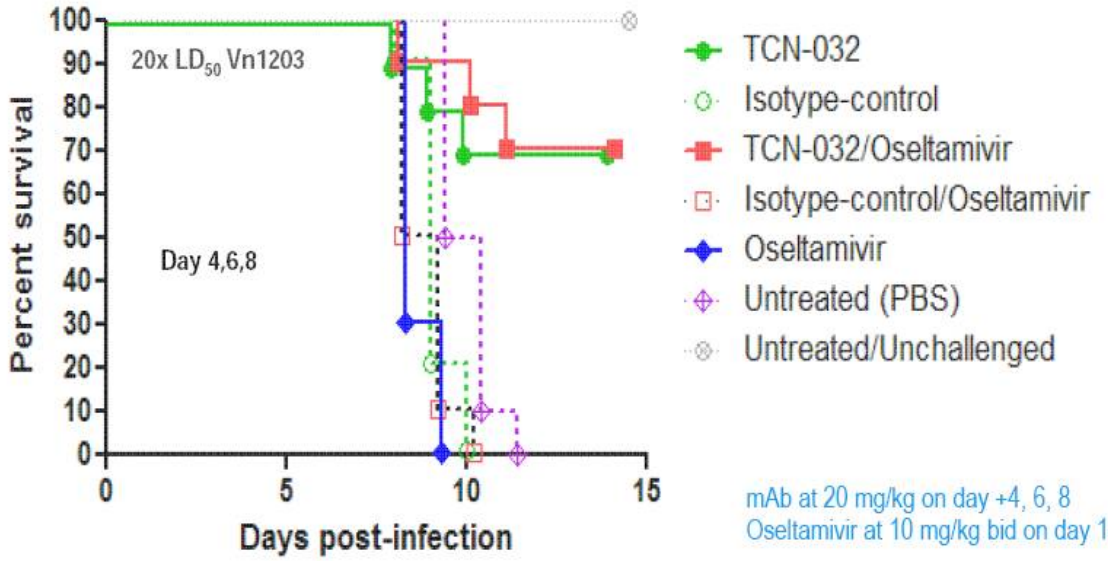
TCN-032 /Tamiflu Combination in Mice Lethal Challenge
Protective Even When Treatment is Started 4 Days After Infection



mAb at 20 mg/kg on day +4, 6, 8
Oseltamivir at 10 mg/kg bid on day 1-5

Noah et.al., Southern Research Institute

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Viral Challenge Protocol: Study Design

- Double-blind, placebo-controlled, randomized study
- Population
  - Normal healthy subjects; males or females, age 18-45 years
  - Seronegative (HAI titer ≤10) to H3N2 challenge strain (A/Wisconsin/67/05)
- Treatment: TCN-032 40 mg/kg or placebo, given 24 hours after viral inoculation
- Endpoints
  - Efficacy
- Clinical symptoms (Day 1-7)
  - Grade 2 or greater symptoms, or pyrexia (T>37.9 °C) [main parameter for sample size estimation]
  - Total scores; URI/LRI/systemic scores; time to peak/resolution/duration of symptoms; nasal mucus weight
  - Viral resistance to TCN-032 (genotypic/phenotypic analyses)
- Virology
  - Viral load by viral culture ($TCID_{50}$) [Day 1-7] and qPCR [Day 2-7]
  - Time to peak, time to resolution, duration of shedding
- Seroconversion, seroprotection (pre-challenge to Day 28)
  - Pharmacokinetics and anti-drug antibodies
  - Safety: adverse events, laboratory parameters, spirometry
- Sample size: 64 subjects (32/treatment arm)
  - 90% power to detect a 60% reduction in the proportion of subjects with grade 2 or greater symptoms, assuming placebo rate of 50%, with one-sided alpha of 0.10

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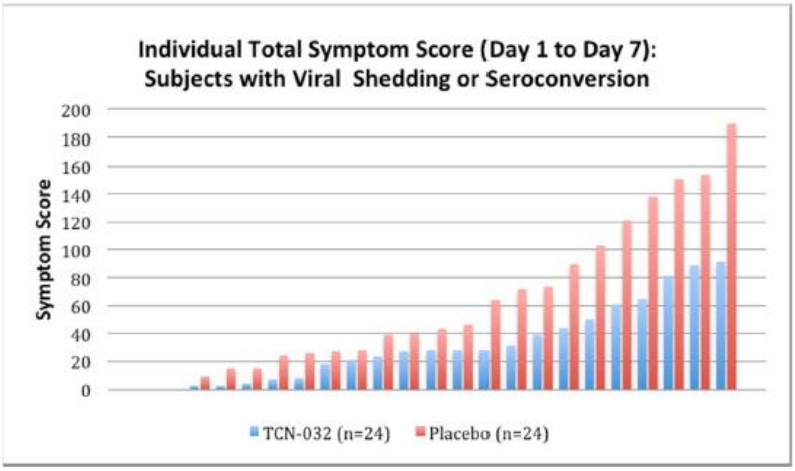
Clinical Symptoms

Clinical Symptoms	TCN-032 n=24	Placebo n=24	% Difference	p value (one-sided)
Proportion of subjects with grade 2 symptoms or pyrexia	10/24=41.2%	13/24=54.2%	12.5%	p=0.21 CMH test
AUC (Day 1-7) median	**25.5**	**39**	**35%**	**p=0.0466* Wilcoxon**



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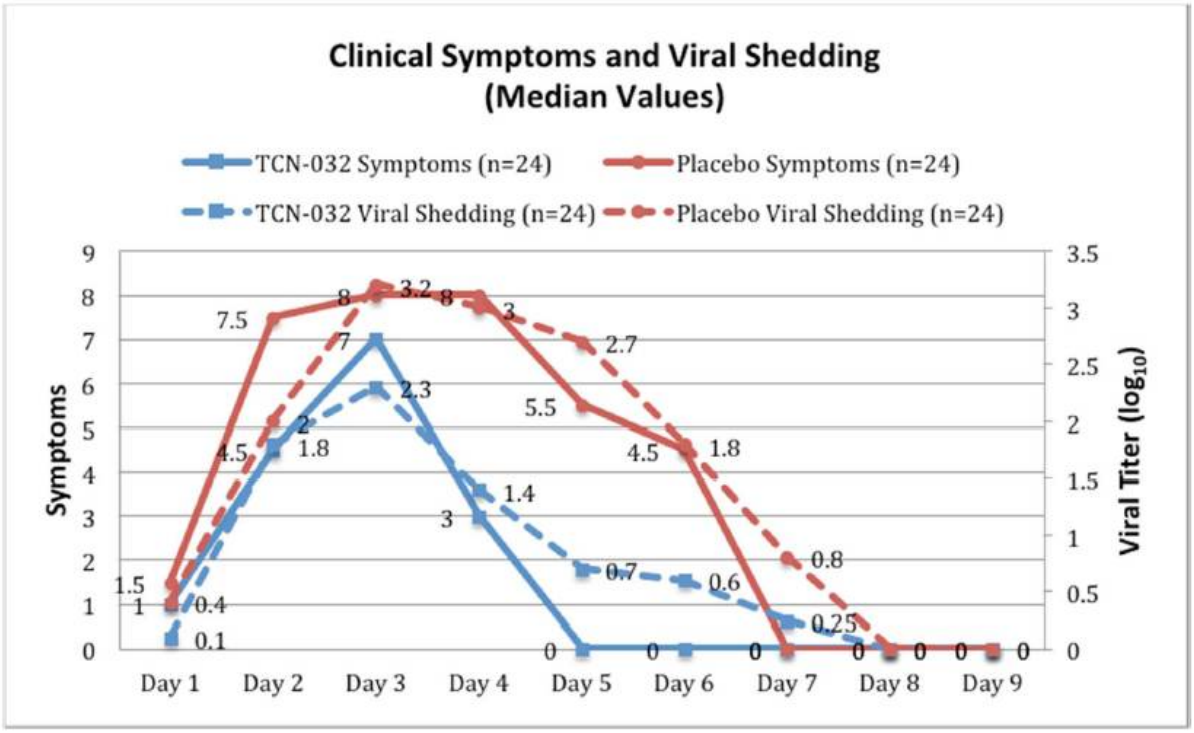
Clinical Symptoms and Viral Shedding by PCR



Clinical symptoms and viral shedding in both treatment arms follow similar patterns

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Viral Shedding and Viral Escape Analysis

	TCN-032 AUC (log_{10} $TCID_{50}$/mL)	Placebo AUC (log_{10} $TCID_{50}$/mL)	Absolute Log Decrease	p value (one-sided)
PCR Day 2-7	Median=5.2	Median=7.4	2.2	p=0.09* Wilcoxon

Viral escape genotypic analysis

- Sequence analysis (454 Next Generation) TCN-032 epitope portion of M2e from subjects and parental challenge virus A/Wisconsin/67/2005
- Results: samples from 17 placebo and all 13 TCN-032 treated subjects that shed virus by $TCID_{50}$ show no change in epitope recognized by TCN-032

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TCN-032: Phase 2a Human Viral Challenge Study

- Demonstrated reductions in total clinical symptom scores and viral load
- Safe and well-tolerated with no increase in adverse events compared to placebo, including lower respiratory tract symptoms
- Pharmacokinetics consistent with Phase 1 study
  - Half-life ~16 days; no evidence of immunogenicity
- Next steps: Clinical studies in natural infection including the target population of patients hospitalized with serious influenza infection
- Results are the first demonstration that a non-neutralizing antibody given parenterally may provide immediate immunity and therapeutic benefit in influenza A infection in humans with no apparent emergence of resistant virus

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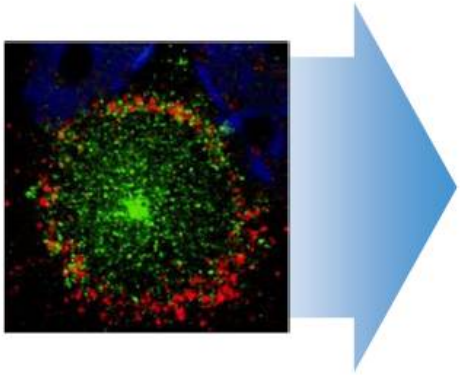
Cytomegalovirus (CMV) Antibody: TCN-202

TCN-202 Human Monoclonal Antibody



Product Profile

- Recognizes broadly conserved epitope on CMV
- Neutralizes CMV viral infection in many cell types
  - Epithelia, endothelial, fibroblasts, etc.
- ~1,000x more potent than plasma-derived CMV-IGIV (preclinical studies)*
- Phase 1 completed; favorable safety, immunogenicity with PK properties consistent with human mAbs
- Phase 2a commenced in solid organ (kidney) transplant patients

*Management of CMV disease is a significant unmet medical need. Competitive advantage: MOA; Safety; Potential to Preserve CMI***

*Theraclone study conducted by Dr. Wolf of Hadassah Univ. Hospital in Jerusalem; ** Cell Mediated Immunity*

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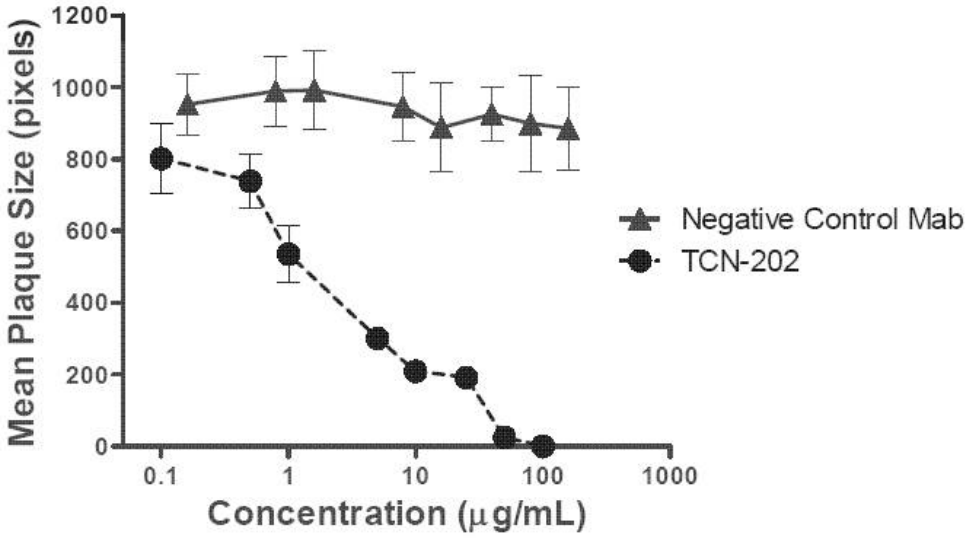
TCN-202 Inhibits Cell to Cell Spread of HCMV in Dermal Fibroblast Cultures



TCN-202 blocks both initial penetration and cell-to-cell spread of HCMV which may be important for therapeutic efficacy

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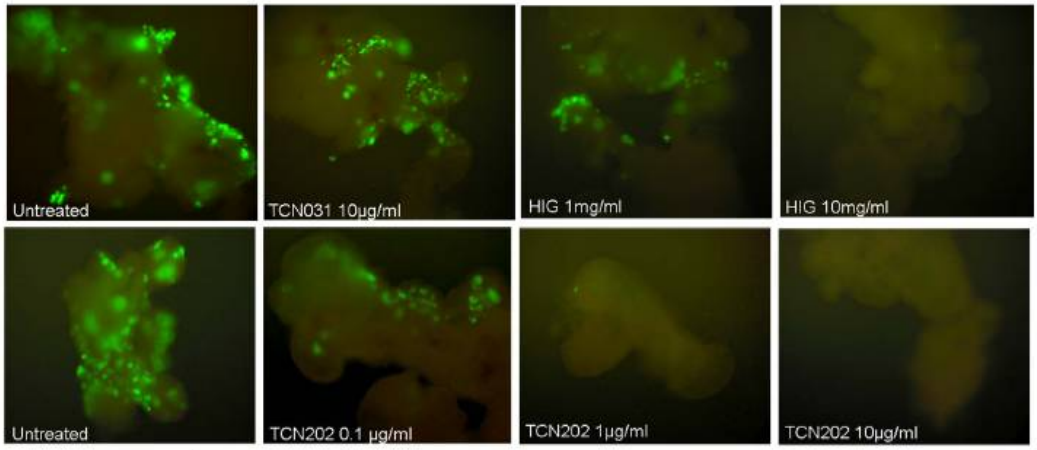
TCN-202 Preclinical Studies of CMV Infected Decidual Tissue

Decidual Organ Cultures: D. Wolf (Hadassah University Hospital, Jerusalem)

- Decidual tissue (1st trimester pregnancy termination)
- Pre-treatment of virus with mAb
- Monitor HCMV replication via yellow fluorescent protein (YFP) expression



HCMV strain TB40/E – engineered YFP expressing virus
Data shown for prophylactic mode

TCN-031 – Negative Control Antibody
HIG – Megalotect, Biotest, Germany

TCN-202 is ~1000-fold more potent than anti-HCMV HIG in neutralization of CMV infection when used pre-infection (prophylactically)

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TCN-202: Clinical Study Summary and Plans

Phase 1 completed 2Q 2013

- Well-tolerated in single doses of 1-50 mg/kg and multiple doses at 15 mg/kg x2
- AEs were mild to moderate; most were unrelated to study drug
- Pharmacokinetics
  - Dose proportional (Cmax and AUC)
  - Half-life ~14 days
  - Volume of distribution and clearance- consistent with IgG
- Immunogenicity: None detected

Phase 2a initiated 3Q 2013

- Solid organ (kidney) transplant; high risk R-/D+ population
- Data readout anticipated 3Q 2014

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I-STAR™ Generating Highly-Specific Human Antibodies for Significant Unmet Medical Needs

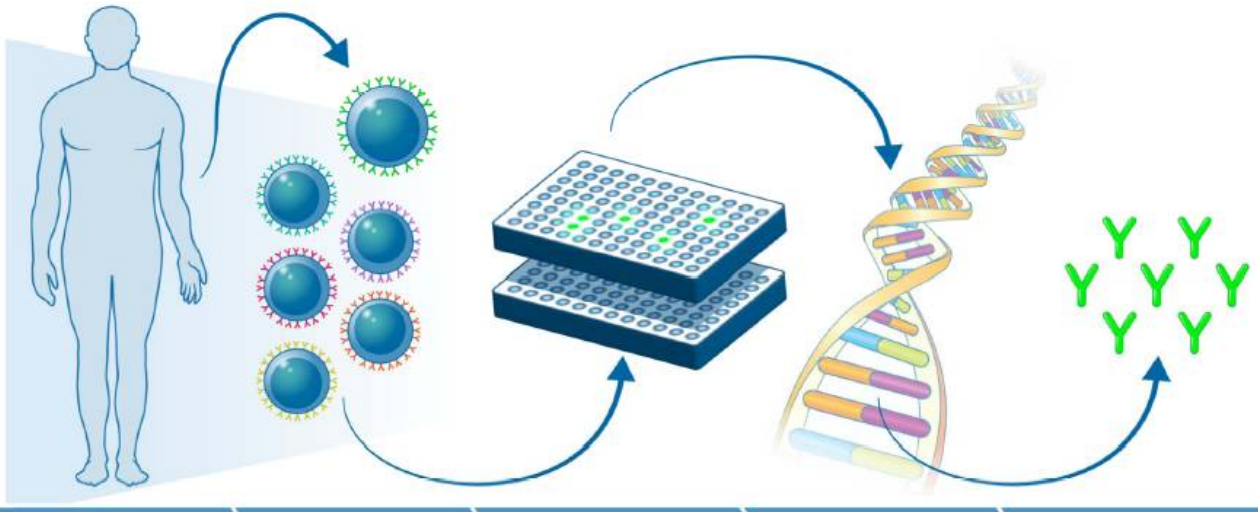
Selected donor population
convalescent/vaccinated subjects = protective Abs

Superior B-cell activation

Rapid screen for binding and function

Deep sequencing of all hit wells

Generate recombinant cell line



IgG+ Memory B-cells "Archive of immunological history"

>10,000 human mAb clones

ID clones that neutralize/ bind target

Obtain sequences for all mAbs

Therapeutic bNAbs

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I-STAR™ Validating Partnerships

January 2011 I-STAR™ collaboration to discover antibodies against up to four undisclosed targets in the areas of infectious disease and cancer. Pfizer has Worldwide licensing rights.

ZENYAKU KOGYO CO., LTD.

March 2010 I-STAR collaboration to discover and develop broadly protective antibodies for the treatment of pandemic influenza and severe seasonal influenza. ZK has licensing rights in Japan

February 2008 IAVI collaboration to discover HIV-neutralizing antibodies

'AIDS Researchers Isolate New Potent and Broadly Effective Antibodies Against HIV'

International AIDS Vaccine Initiative

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Combined Company Executive Team

Clifford J. Stocks *Chief Executive Officer*	Calistoga Pharmaceuticals, Inc., ICOS Corporation
Francesca Cook *SVP, Policy and Government Affairs*	Guilford Pharmaceuticals Covance Health Econ., U.S. HHS
Russ Hawkinson *Chief Financial Officer*	Corixa Corporation Ernst & Young
Jordan Karp *SVP, General Counsel*	Constellation Energy MCI Comm., Guilford Pharmaceuticals
Wayne Morges, Ph.D. *SVP, Regulatory Affairs and Quality*	Baxter Vaccines Acambis, Merck
Eleanor L. Ramos, M.D. *Chief Medical Officer*	Zymogenetics Roche, Bristol-Myers Squibb
Kristine Swiderek, Ph.D. *Chief Scientific Officer*	Zymogenetics City of Hope

Combined Company Board of Directors

Mitch Sayare, Ph.D. **Chairman**	ImmunoGen XenoGen
John M. Gill	Tetralogic Pharmaceuticals 3D Pharma, SKB
Steve Gillis, Ph.D.	Immunex, Corixa, ARCH Venture Partners
Wende Hutton	Canaan Partners Mayfield Fund, GenPharma International
Brian Markison	King Pharmaceuticals Fougera (sold to Sandoz)
Eric I. Richman	PharmAthene, MedImmune HealthCare Ventures
Derace Schaffer, M.D.	The LAN Group
Clifford J. Stocks **Chief Executive Officer**	Calistoga Pharmaceuticals, Inc. ICOS Corporation
Director To Be Named	

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Near-Term Valuation Catalysts

Event*	Date
Presented CMV Antibody Phase 1 results	Q3 13
Initiated CMV Antibody Phase 2a	Q3 13
Presented Flu Antibody Phase 2a results	Q3 13
Anticipate CMV Antibody Phase 2a results	Q3 14

**The Milestones listed above are targets established by PharmAthene and Theraclone. The achievement of these milestones are subject to specific events, many of which are not within the control of PharmAthene and Theraclone There can be no assurance that the events will occur within the time frames indicated.*

THERACLONE SCIENCES

THERACLONE SCIENCES

Turning the Repertoire's Most Potent Antibodies into Superior Therapeutics

1124 Columbia Street, Suite 300
Seattle, WA 98104

www.theraclone-sciences.com